

Montana Medicaid - Fee Schedule School Services

Definitions:

October 1, 2006

Modifier – When a modifier is present, this indicates system may have different reimbursement or code edits for that procedure code/modifier combination.

For example:

26 = professional component

TC = technical component

Description – Procedure code short description. You must refer to the appropriate official CPT-4, HCPCS or CDT-5 coding manual for complete definitions in order to assure correct coding.

Effective – This is the first date of service for which the listed fee is applicable.

Method – Source of fee determination

Fee Sched: Medicaid fee; not determined using RBRVS payment schedule

Medicare: Medicare-prevailing fee.

By Report (BR): Equals 46% of billed charges

Anes Value: Number of anesthesia base value units. This is added to the 15 min. time increment units and multiplied by the anesthesia conversion factor of \$26.25.

RBRVS: Based on Medicare Relative Value Units (RVU's) x Montana Medicaid conversion factor x policy adjuster. Conversion factor for fiscal year 2007 is \$32.81.

Fees School-based providers receive 90% of the calculated RBRVS fee

The federal match rate is 69.11% for claims paid after October 1st, 2006

Please note the match rate is now activated by claim paid date, not date of service

Global Days – Global surgery indicator. Global surgery periods are pre- and post-operative time frames assigned to surgical procedures

000: Same day as procedure

010: Same day and ten days following procedure

090: One day prior to and ninety days following procedure

MMM: In maternity cases, the global period is per the CPT-4 code description

ZZZ: Add-on code, global period does not apply. An add-on code must be billed with its associated primary code

Space: Global concept does not apply to this code

PA – Prior Authorization

Y: Prior authorization is required

Space - this indicator does not apply to this code

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Proc	Mod	Description	Effective	Method	Office fee	PA
H0036		COMM PSY FACE-FACE PER 15 MIN	9/1/2005	FEE SCHED	\$25.09	
T1000		PRIVATE DUTY/INDEPENDENT NSG	8/1/2005	FEE SCHED	\$5.66	Y
T1019		PERSONAL CARE SER PER 15 MIN	7/1/2005	FEE SCHED	\$3.80	
T2003		N-ET; ENCOUNTER/TRIP	1/1/2004	FEE SCHED	\$5.20	
V5266		BATTERY FOR HEARING DEVICE	1/1/2004	BY REPORT	\$0.00	
90804		PSYTX, OFFICE, 20-30 MIN	7/1/2006	RBRVS	\$49.72	
90853		GROUP PSYCHOTHERAPY	7/1/2006	RBRVS	\$24.39	
92506		SPEECH/HEARING EVALUATION	7/1/2006	RBRVS	\$83.72	
92507		SPEECH/HEARING THERAPY	7/1/2006	RBRVS	\$40.06	
92508		SPEECH/HEARING THERAPY	7/1/2006	RBRVS	\$18.99	
92557		COMPREHENSIVE HEARING TEST	7/1/2006	RBRVS	\$30.24	
92567		TYMPANOMETRY	7/1/2006	RBRVS	\$13.40	
92587		EVOKED AUDITORY TEST	7/1/2006	RBRVS	\$37.89	
92587	TC	EVOKED AUDITORY TEST	7/1/2006	RBRVS	\$32.74	
92587	26	EVOKED AUDITORY TEST	7/1/2006	RBRVS	\$5.15	
96101		PSYCHO TESTING BY PSYCH/PHYS	7/1/2006	RBRVS	\$72.46	
97001		PT EVALUATION	7/1/2006	RBRVS	\$51.02	
97002		PT RE-EVALUATION	7/1/2006	RBRVS	\$26.86	
97003		OT EVALUATION	7/1/2006	RBRVS	\$54.25	
97004		OT RE-EVALUATION	7/1/2006	RBRVS	\$32.16	
97150		GROUP THERAPEUTIC PROCEDURES	7/1/2006	RBRVS	\$11.70	
97530		THERAPEUTIC ACTIVITIES	7/1/2006	RBRVS	\$19.53	